Milwaukee County
Department of Health and Human Services

DELINQUENCY & COURT SERVICES DIVISION

PRESENTS...

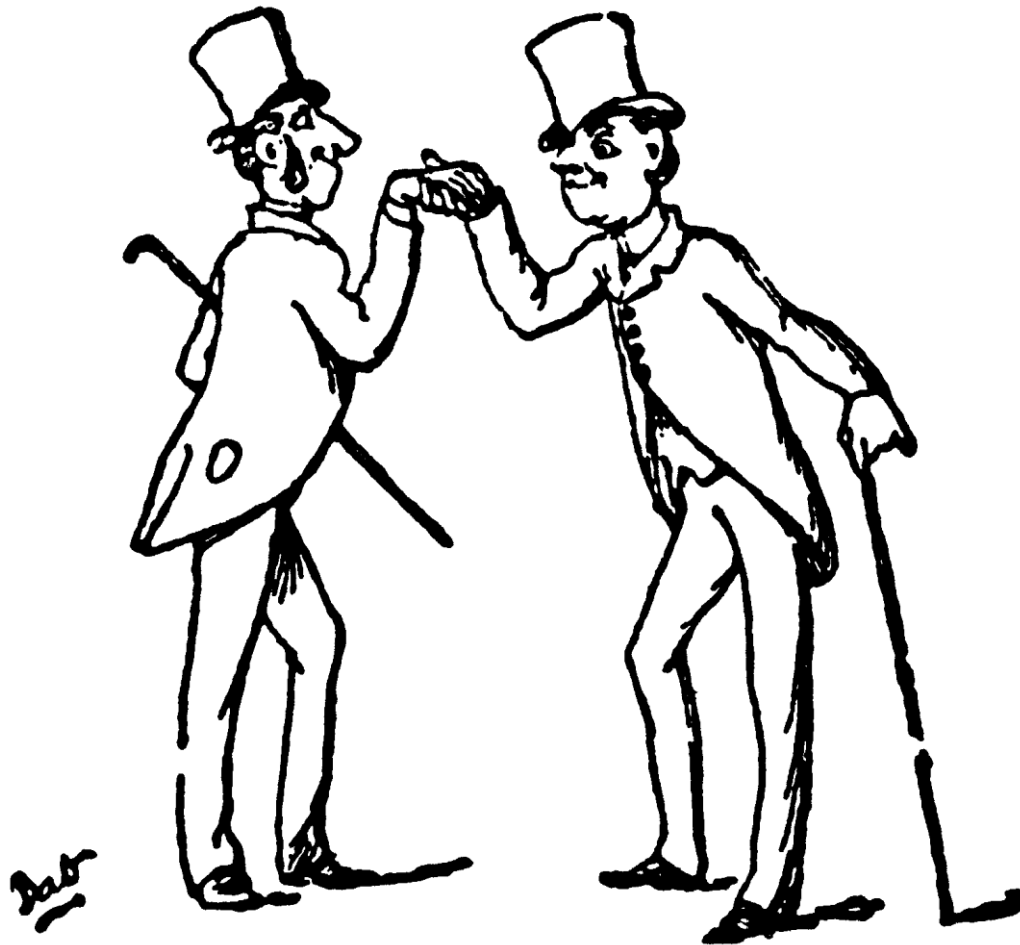# The 2017 3rd Annual

Continuous Quality Improvement (CQI)

Information Session

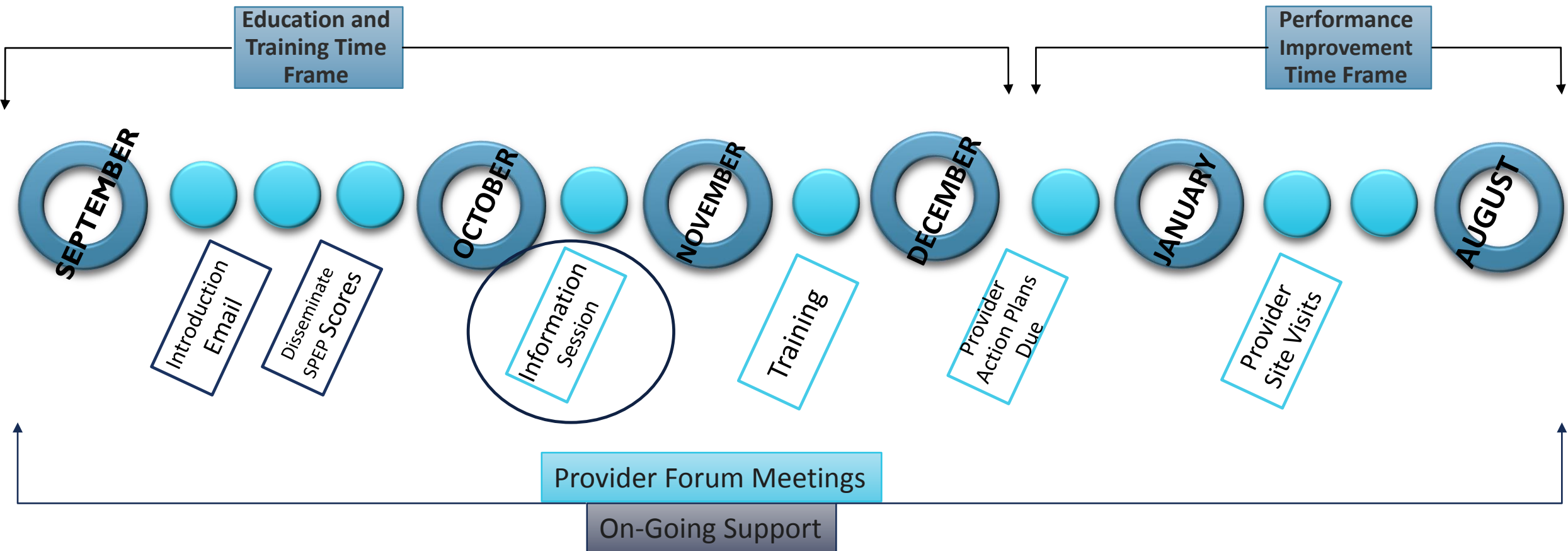FACILITATED BY: DE SHELL PARKER

Introduction

Who's Here Today ???

TODAY'S AGENDA

❖ **Welcome and Introductions –** *De Shell Parker and All Present*

❖ **Continuous Quality Improvement Overview (CQI) and Purpose –** *De Shell Parker*

❖ **DCSD 2017 Endeavors –** *De Shell Parker*

❖ **Standardized Program Evaluation Protocol (SPEP) Reporting –** *De Shell Parker*

❖ **Data Analysis –** *De Shell Parker*

❖ **Program Improvement and Action Planning –** *Rachael Specht, Quality Specialist*

❖ **CQI Training Overview & Expectations –** *Dawn Barnett, Ambassador*

❖ **Provider Ambassador Program Expansion –** *Scott Carpenter, Ambassador*

❖ **Policy Revision and Expectations –** *Danique Seymour, Quality Specialist*

❖ **Next Steps Recap –** *De Shell Parker*

❖ **Adjourn**

OVERVIEW AND PURPOSE

CONTINUOUS QUALITY IMPROVEMENT CYCLE

CQI Mission

To support the process of identifying the appropriate risk level of youth in order to match them with the appropriate service at the appropriate time **to improve outcomes for those youth** through the continuous development of a **systematic and comprehensive approach** to quality assurance/quality improvement.

CQI Implementation

...Result of JJRRI Grant & DHHS Support

Tenants of Quality

- Quality Assurance (QA)
  - Contracting & Setting Performance Measures

- Quality Control (QC)
  - Auditing, SPEP Activities & NIATx

- Quality Improvement (QI)
  - Program Improvement, PDSA & Action Planning

WHY
ARE
WE
HERE?

DCSD 2017 ENDEAVORS

In 2017, we have been busy…

❖ Completed Probation Site Review (PSR) Process

❖ Initiated PSR Implementation Contract

 ❑ Develop Strategic Plan to incorporate JDAI, JJRRI, Tenants of Quality, Stakeholder Relationships, etc.

 ❑ 18 Month Process

❖ Supervisor Case Assignment Process Revamp

❖ DCSD Full Policy Revamp

❖ Probation Work Load Study

❖ HSW Case Note Audit

❖ Law Enforcement Cross Training

❖ Specific DCSD Management Training

❖ Expanded Quality Assurance Department

❖ NIATx/Star QI Project: *SAR Warriors*

❖ Continued Data System Enhancements (JPM)

At the DHHS Level

❖ DHHS LEADERS Initiative

❖ Application of Baldridge Criteria Framework

❖ Introduction of the Human Services Value Curve

❖ Streamlining of DHHS Contracting & Quality Efforts

❖ Integrated System & Practice Model Implementation

❖ Do The Right Thing (DTRT) Initiative

STANDARDIZED PROGRAM EVALUATION PROTOCOL (SPEP)
THE SPEP EVALUATION REPORT

❖ Inclusion of Standardized Program Evaluation Protocol Scores *(How do you get a SPEP score?)*

❖ Standardized Program Evaluation Protocol (SPEP) Components *(What's in the SPEP report?)*

❑ **Program Profile/ Description**

  · Overview of Agency/ Location/ Referral Sources

  · Overview of Services Offered/ Staff Credentials

  · Overview of Intake Process, i.e. Referral Process and Time Constraints

❑ **SPEP Components**

  · Service Types –Requires classification by DCSD *(measurement prescribed by the SPEP tool)*

  · Quality Measures – Elements of Structure and Oversight within the Program/Agency *(measured in point increments)*

  · Service Duration – Dosage Amount Target *(measured in weeks)*

  · Service Contact Hours – Dosage Amount Target *(measured in hours)*

  · Risk Level of Youth Served – *The Higher the risk level, the higher the score.*

❑ **Summary and Strengths**

❑ **Program Improvement Capacity – Creating an Action Plan from the SPEP Report**

PRIMARY SERVICE TYPES

1. **Group 5 service** (SCORE = 30 Points)
   Cognitive-behavioral therapy *

2. **Group 4 service** (SCORE = 25 Points)
   Group counseling *
   Mentoring
   Behavioral contracting; contingency management

3. **Group 3 service** (SCORE = 15 Points)
   Family counseling *
   Family crisis counseling *
   Mixed counseling
   Social skills training *
   Challenge programs
   Medication

4. **Group 2 service** (SCORE = 10 Points)
   Restitution; community service *
   Remedial academic program

5. **Group 1 service** (SCORE = 5 Points)
   Individual counseling *
   Vocational counseling
   Job training
   Work experience

*Supplemental points are automatically added

20 Point Quality of Service Checklist

Protocol:

_____ Written manual/protocol of administrative practices that foster engagement *(customer service protocol)* 1pt

_____ Written manual/protocol of how the service is to be delivered in addition to any protocols established by the Purchaser *(clinical/service implementation protocol)* 1 pt

_____ Manuals/protocol is broken out by lesson/session by stage of involvement (start to finish) 1 pt

_____ Written intake process that involves matching individual needs with the type and intensity of services to be provided 1 pt

_____ Documentation that manual/protocol is reviewed and updated at specific intervals (year, semi-annually, etc.) 1 pt

Staff Training:

_____ Minimum education, experience, and/or certification is required and documented for service delivery staff 1 pt

_____ Agency's education, experience, and/or certification requirements exceed those established by Purchaser 1 pt

_____ Continued trainings or recertification for service delivery staff is formally tracked and documented 1 pt

_____ Documentation that all staff has been oriented to protocol and reviewed policies and procedures 1 pt

_____ Agency offers tuition reimbursement 1 pt

_____ Agency offers in-service trainings at least annually 1 pt

20 Point Quality of Service Checklist *(con't)*

On-Going Staff Supervision:

_____Supervisors have face-to-face contact with all service delivery staff at identified intervals to review adherence to protocols and quality of service delivery (document findings) 1 pt

_____Supervision is individualized to service provider based on needs for supervision 1pt

_____Performance Evaluations are completed on all service delivery staff on a yearly basis 1pt

_____Performance Evaluations are, in part, based on adherence to protocol and by assessing the service that is being delivered as designed 1 pt

Organizational Response to Ensure Fidelity:

_____ Agency has a complaint/grievance process that clients know about and can access 1 pt

_____ Agency conducts internal audits/peer reviews at identified intervals to address adherence to protocols and quality of service delivery 1 pt

_____ Agency has specific outcome measures regarding service effectiveness, which are quantifiable and continually measured by the agency 1 pt

_____ Agency has a client/family satisfaction process 1 pt

_____ Annual turnover for service delivery staff is less than the median turnover rate for that service or less than 15% (total number of separations in previous 12 months divided by total number of providers budgeted/on average) 1 pt

PRIMARY SERVICE TYPES: DOSAGE TARGETS

Group 5 Service

1. **Cognitive-behavioral therapy**
   - Target weeks=15; target hours=45

Group 4 Service

2. **Group counseling**
   - Target weeks=24; target hours=40

3. **Mentoring**
   - Target weeks=26; target hours=78

4. **Behavioral contracting; contingency management**
   - Target weeks=24; target hours=72

Group 3 Services

5. **Family counseling**
   - Target weeks=20; target hours=30

6. **Family crisis counseling**
   - Target weeks=4; target hours=8

7. **Mixed counseling**
   - Target weeks=25; target hours=25

8. **Social skills training**
   - Target weeks=16; target hours=24

9. **Challenge programs**
   - Target weeks=4; target hours=60

10. **Mediation**
    - Target weeks=4; target hours=8

Group 2 Services

11. **Restitution; community service**
    - Target weeks=12; target hours=60

12. **Remedial academic program**
    - Target weeks=26; target hours=100

Group 1 Services

13. **Individual counseling**
    - Target weeks=25; target hours=30

14. **Vocational counseling**
    - Target weeks=20; target hours=40

15. **Job training**
    - Target weeks= 25; target hours=400

16. **Work experience**
    - Target weeks=26; target hours=520

Youth Justice Systems should serve ONLY Moderate and High Risk Youth.

Research Premise(s):

❖ The creators of the SPEP meta-analysis, Mark Lipsey et. al and Peabody Research Institute, found that systems demonstrate larger positive effects on recidivism with higher risk youth.

❖ The Office of Juvenile Justice & Delinquency Prevention (OJJDP) and Annie E. Casey Foundation research suggests that serving low risk youth causes more harm than good.

SPEP Scoring:

❖ The risk score is compiled by calculating the total percentage of youth with moderate and high risk scores in the respective cohort.

❖ Scores range from 0 – 25, with the higher scores suggesting a greater percentage of high risk youth in the cohort.

DATA ANALYSIS

❖ **YASI Averages Data**

  ❑ Average Days between Assessment and Service Start

  ❑ Average Number of Referrals Serviced in 60 days or less

  ❑ Average Number of Referrals Serviced in 60 days or less
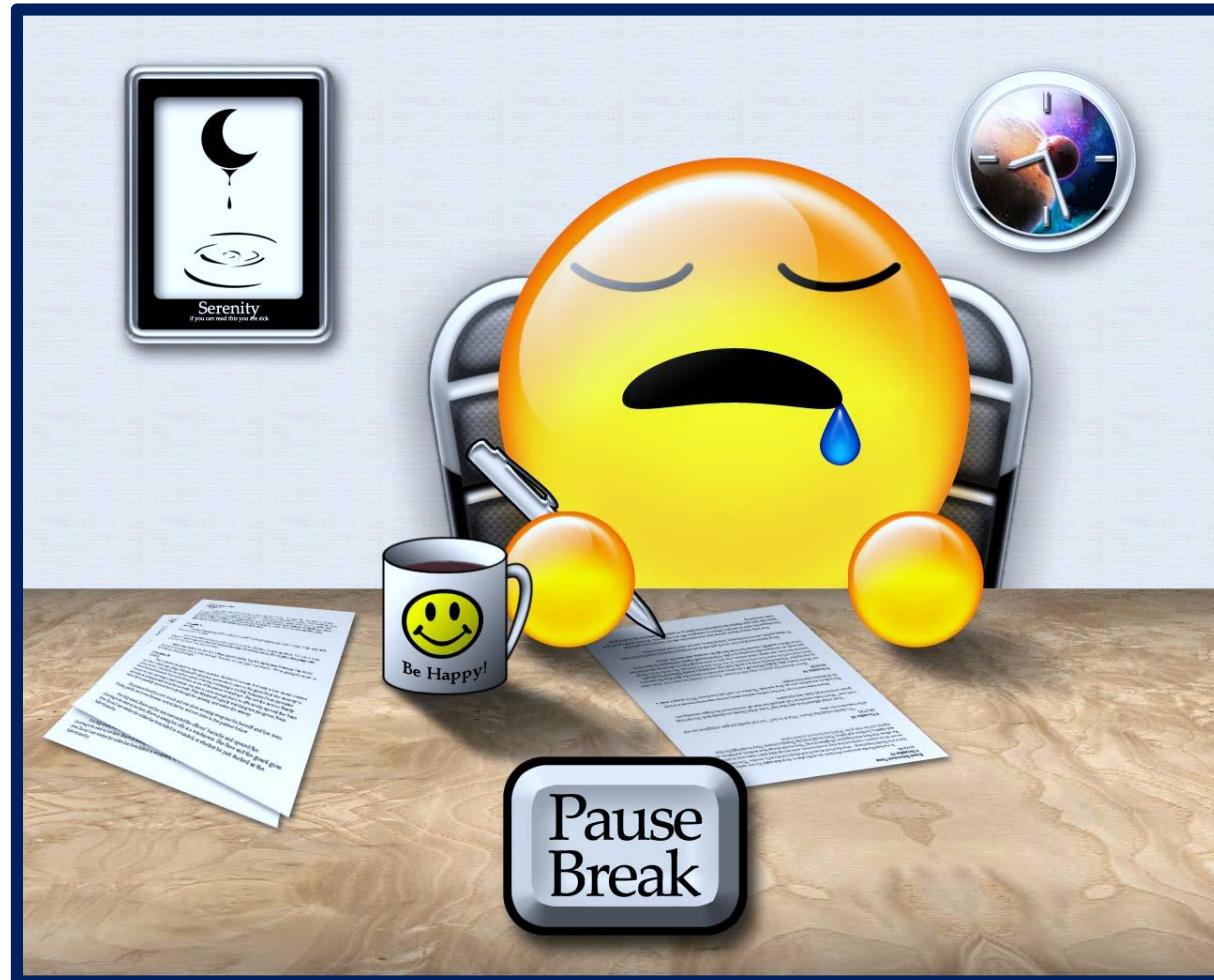
  ❑ Efforts to Address Barriers

❖ **Case Plan Data**

  ❑ Youth on Delinquency Orders in 2016, i.e. Youth that should have had case plans

  ❑ Case Plans that were actually completed in 2016

  ❑ Efforts to Address Barriers?

❖ **SPEP'able Services Data**

  ❑ Progress with SPEP'ing Services: Where are we now?

  ❑ Barriers to SPEP'ing

  ❑ Efforts to Address Barriers

BREAK TIME

10 Minutes

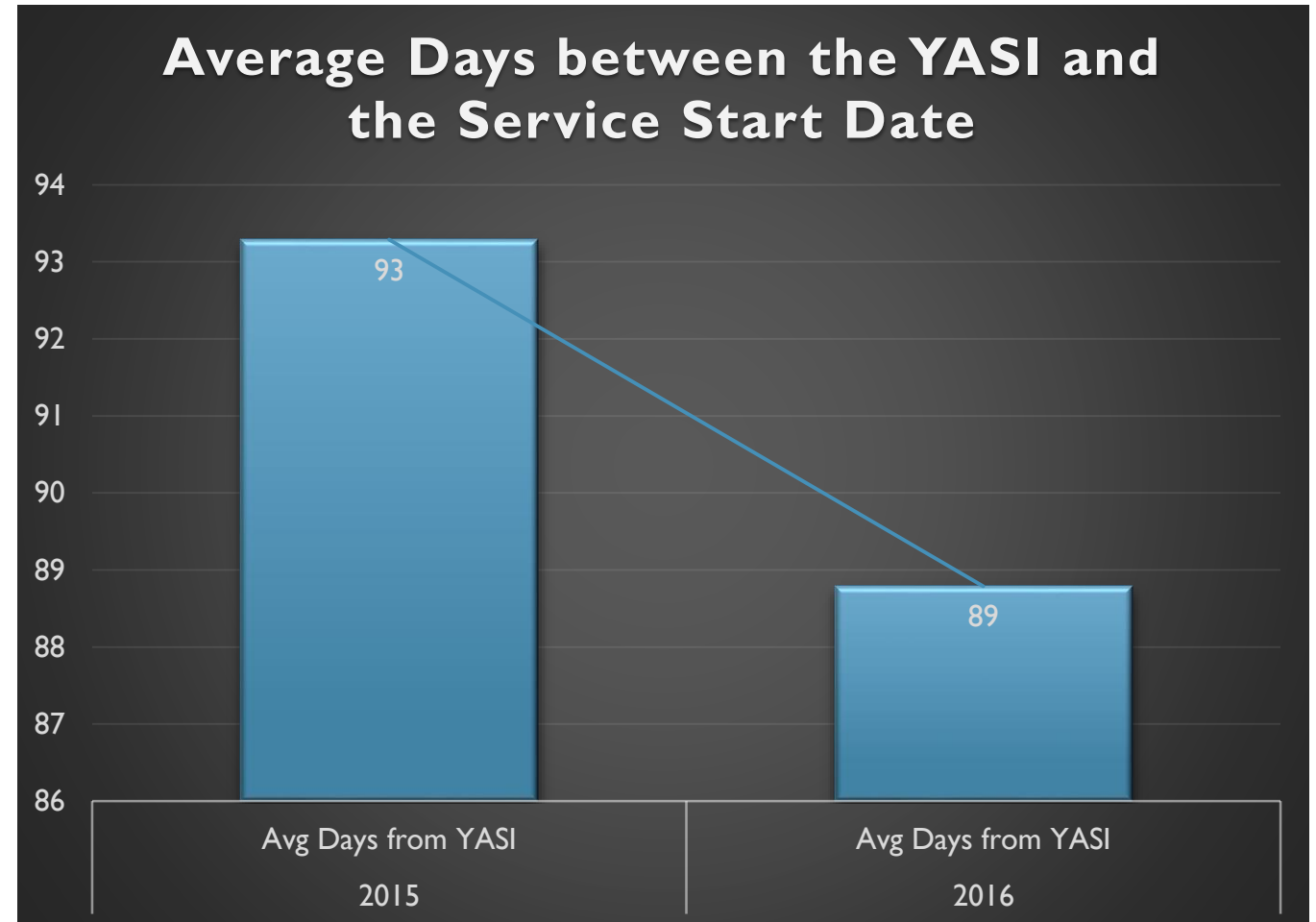10 Minutes

DATA ANALYSIS: **YASI DATA**

WHAT ARE WE MEASURING?

Comparing 2015 to 2016 –

The Average number of Days between the HSW completing the YASI Assessment and the Provider Starting the Service.

❖ **Decreased 4%**

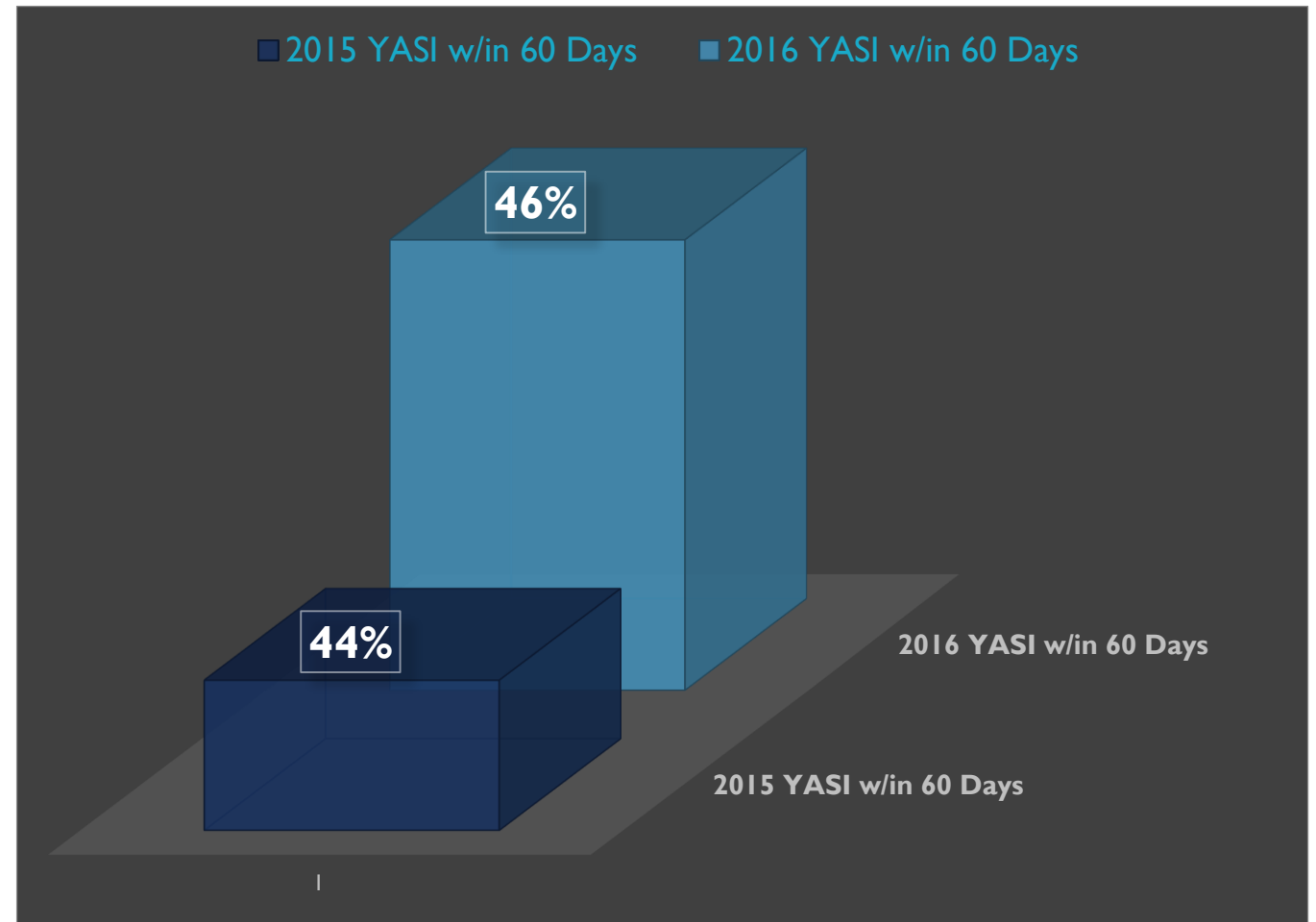## Average Days between the YASI and the Service Start Date

93	89
Avg Days from YASI	Avg Days from YASI
2015	2016

DATA ANALYSIS: **YASI DATA**

WHAT ARE WE MEASURING?

Comparing 2015 to 2016 –

The Average number Youth that had Services Start in *60 days or less* from the time the HSW did the YASI assessment.

❖ **Increased 2%**

2015 YASI w/in 60 Days   2016 YASI w/in 60 Days

46%

44%

2016 YASI w/in 60 Days

2015 YASI w/in 60 Days

DATA ANALYSIS: **YASI DATA**

WHAT ARE WE MEASURING?

Comparing 2015 to 2016 –

The Average number Youth that had Services Start in *90* days or *less* from the time the HSW did the YASI assessment.

❖ *Increased 8%*

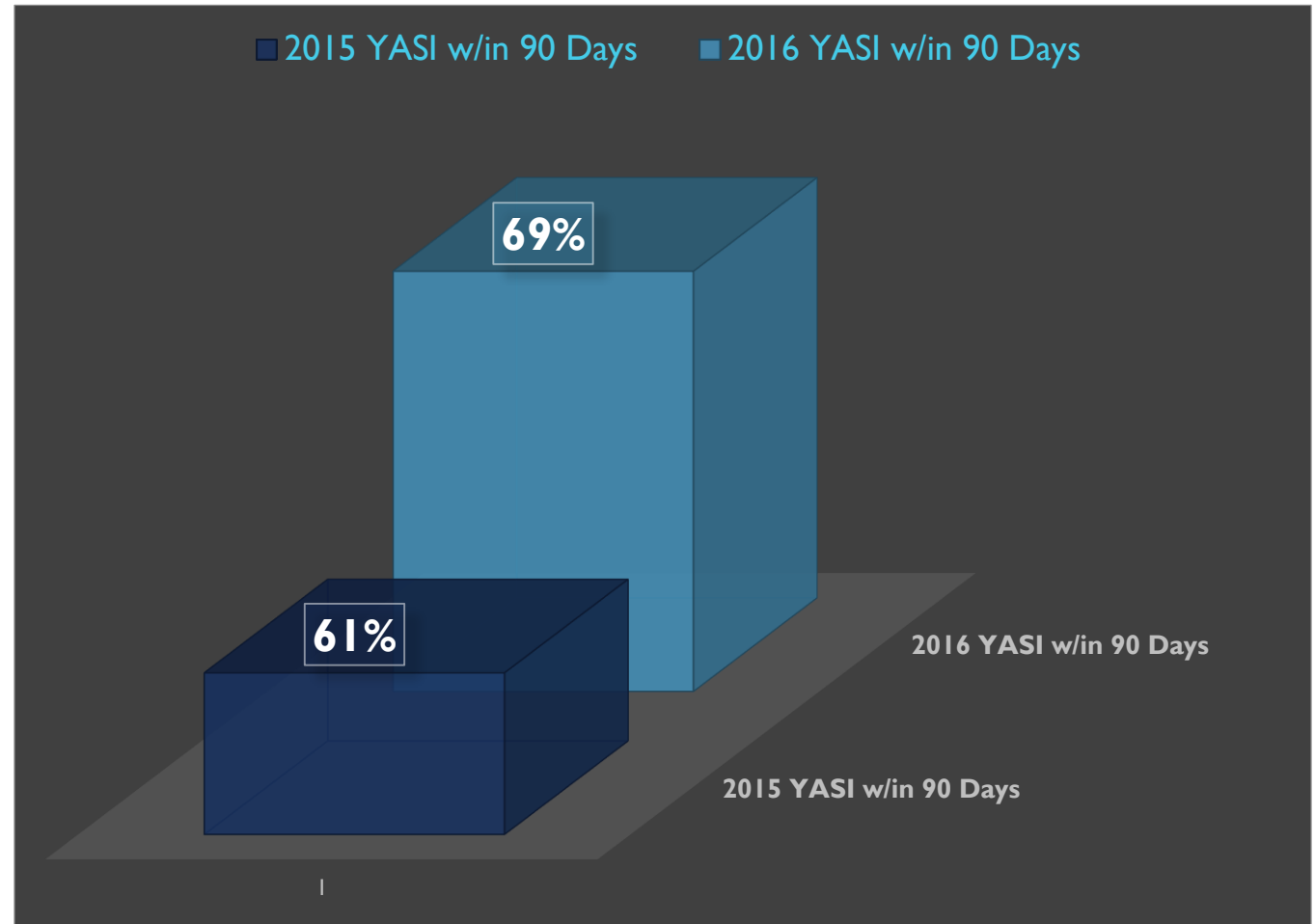■ 2015 YASI w/in 90 Days   ■ 2016 YASI w/in 90 Days

69%

61%

2016 YASI w/in 90 Days

2015 YASI w/in 90 Days

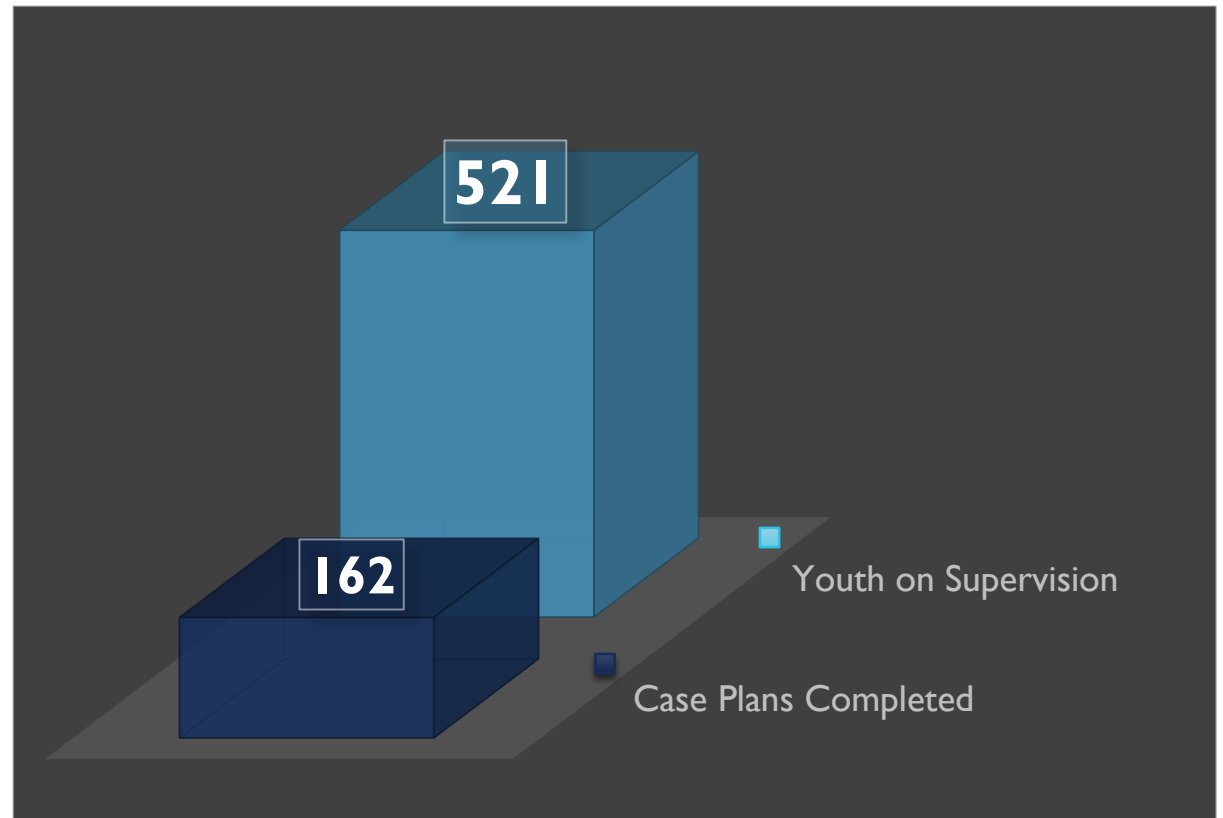# DATA ANALYSIS: **CASE PLAN DATA**

WHAT ARE WE MEASURING?

In **2016** - the number of youth on Delinquency Orders eligible for a Case Plan to be completed that actually had them completed.

521 Youth on Delinquency Orders.

162 Youth with Completed Case Plans.

❖ Only **31%** of eligible youth on Delinquency Orders had completed case plans in 2016.
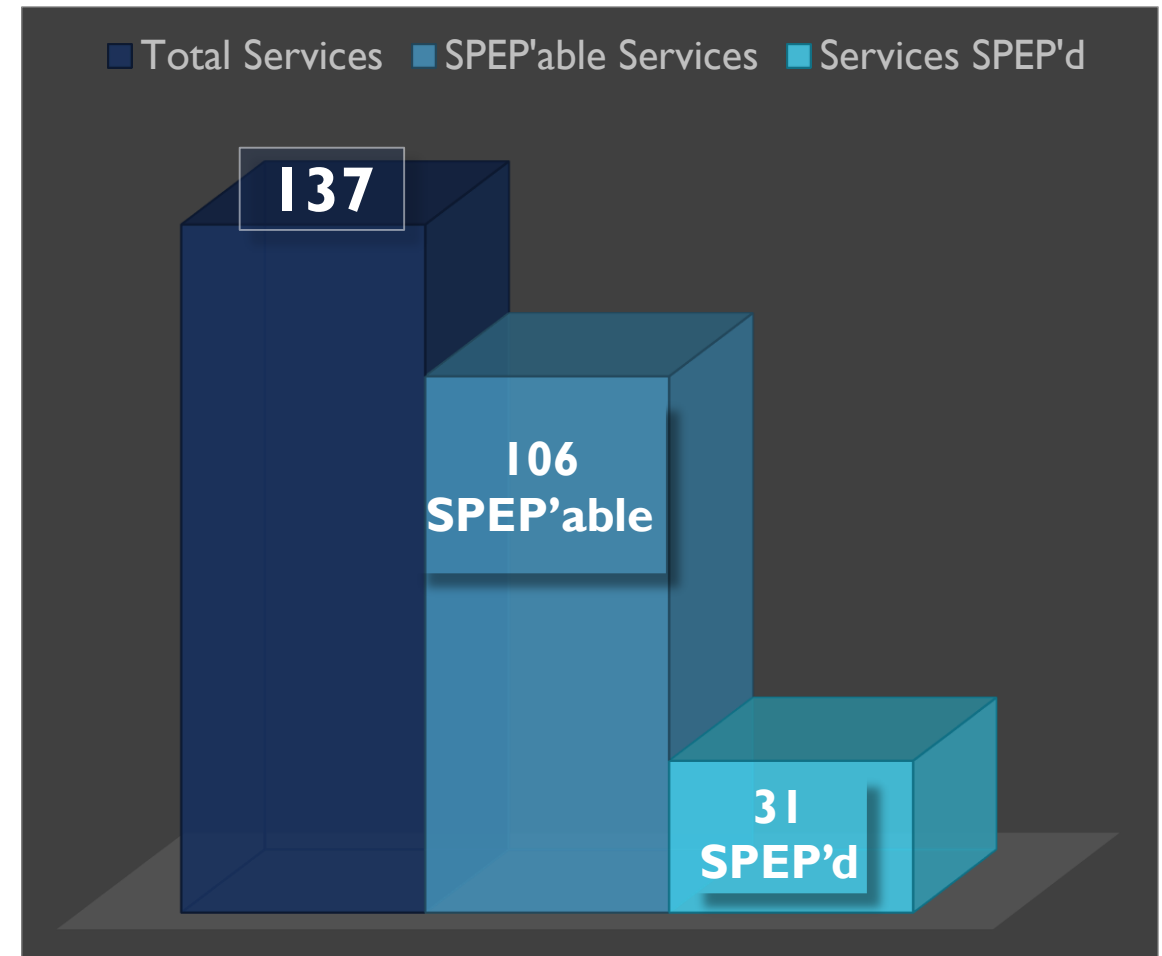
2016 Case Plan Completions

DATA ANALYSIS: 2016 SPEP'ABLE SERVICES
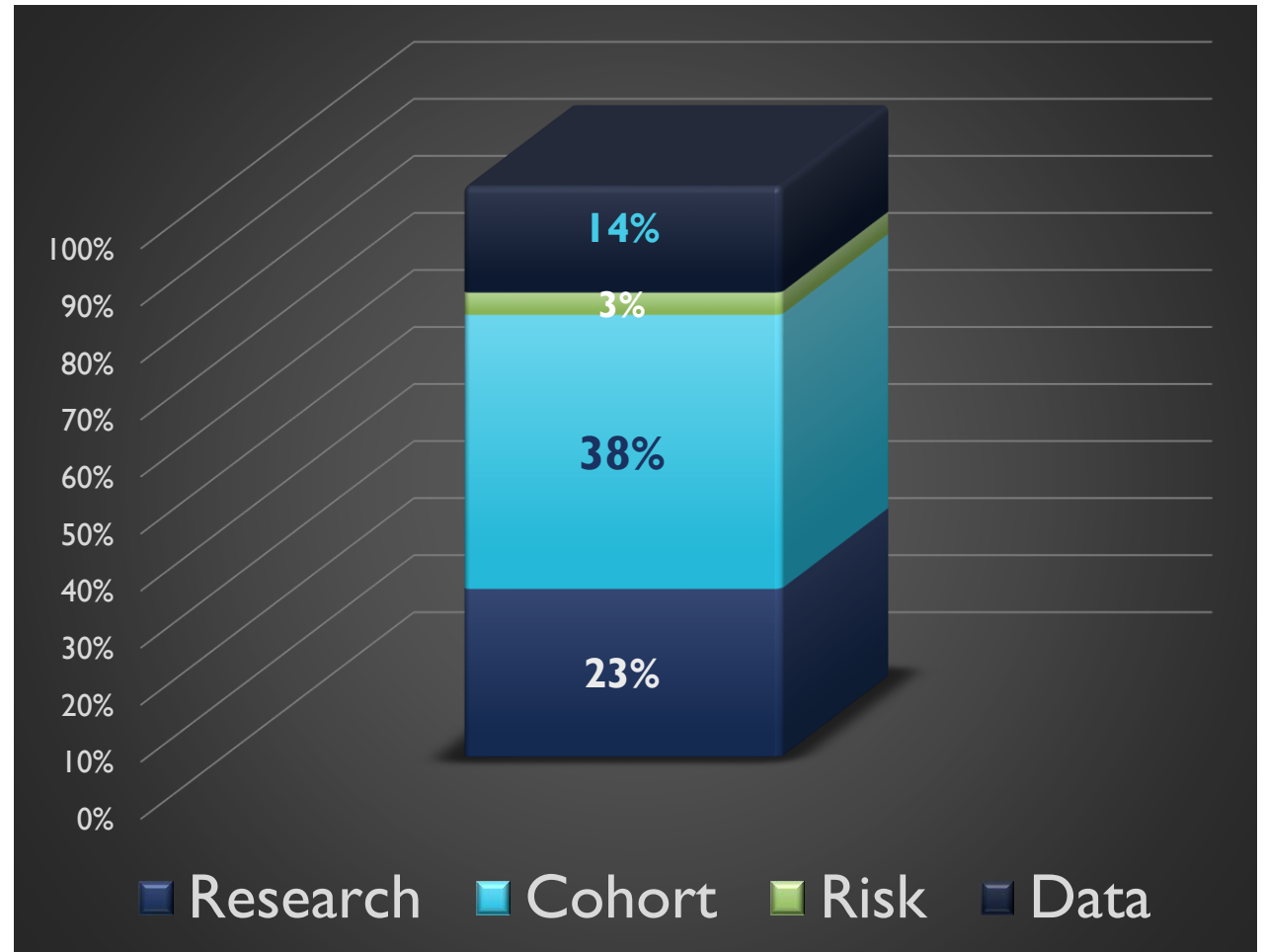
🛑 **Based on 2016 Data:**

106 Services offered to youth were NOT SPEP'able.

> ➢ 23% (31) of those services were not included in the RESEARCH.
> ➢ 38% (52) of those services had LOW COHORT sizes.
> ➢ 3% (4) of those services had concerns with RISK SCORES.
> ➢ 14% (19) of those services were not SPEP'd due to NO DATA being collected in 2016.

DATA ANALYSIS:
COMPARISON OF 2014 *(WHEN WE STARTED)* TO 2017 *(NOW)*

…SPEP was introduced to Youth Justice in 2013

WE STARTED IN 2014 with *2012-13* data:

226 Total Services

- ➢ 67 were not SPEP'able (30%)

- ➢ 159 were SPEP'able Services (70%)

  ➔ Note: The disparity is based on inclusion in the **RESEARCH.**

- ➢ **11 were actually SPEP'd (5%)**

  ➔ Note: The disparity the 159 & 11 is based **on DCSD and Network Limitations.**

NOW IN 2017 we have *2016* data:

137 Total Services

- ➢ 31 were not SPEP'able (23%)

- ➢ 106 are SPEP'able (78%)

  ➔ Note: The disparity is based on inclusion in the **RESEARCH.**

- ➢ **31 SPEP'd (23%)**

  ➔ Note: The disparity between the 106 & 31 is based on **DCSD and Network Limitations.**

DATA ANALYSIS:
COMPARISON OF 2014 (*WHEN WE STARTED*) TO 2017 (*NOW*)

2014

(Cohort 7/1/12-12/31/13)

11 (5%) SPEP'd

11

159

← 65% **Disparity** (*between 70% & 5%*) = **Us**

159 (70%) SPEP'able

67 (30%) NOT SPEP'able

67

← 30% **Disparity** = **Research**

N = 226

2017

(Cohort 1/1/16-12/31/16)

31 (23%) SPEP'd

31

106

← 54% **Disparity** (*between 77% & 23%*) = **Us**

106 (77%) SPEP'able

31 (23%) NOT SPEP'able

31

← 23% **Disparity** = **Research**

N = 137

DATA ANALYSIS: EFFORTS TO ADDRESS BARRIERS

BARRIERS

A service and/or provider receiving a SPEP score is dependent upon that specific service meeting several criteria as outlined by the SPEP tool.

The main criteria considered are as follows:

❖ Must be included in the SPEP **Research** (or SPEP'able)

❖ Must have **Risk Scores** that are not ABSENT or OLD

❖ Must have enough youth that have been referred and closed during the sample year, i.e. in the **Cohort**

❖ Must have accurate and reliable **Data**

EFFORTS TO ADDRESS BARRIERS

DCSD will continue to make efforts to address barriers within our discretion.

Does DCSD have the ability to effect:

🛑 *Inclusion in Research – NO*

🟢 *Risk Scores – YES*

🟢 *Cohort Sizes/Referral #'s – YES*

🟢 *Data Collection - YES*

SO….

Now what..?

POST DATA ANALYSIS:
PROGRAM IMPROVEMENT FOCUS

2017 Focus will be on Youth Engagement and Goal Setting

❖ **DCSD will...**

- Train Wrap and DMCPS on YASI and Case Plan

- Train HSWs on Case Management and Engagement regularly

- Increase HSW YASI training to better develop and understand Case Plans

- Revise Case Plan Policy to Case Planning Policy (Share CP with providers within 3 days of completion)

- Increase HSW Supervisor understanding and accountability for Case Planning

- Require Case Plan reviews during one-on-one staffings in regular intervals with HSWs

- Participate in DHHS Integrated Case Management Model

❖ **Providers will...**

- Create Action Plans that focus on Youth Engagement and Goal Setting, specifically how YASI Case Plans are being tracked and used

- Participate in Site Visits that will focus on Youth Engagement and Goal Setting

- Review and consider incorporating updated DCSD Case Planning Policy

PROGRAM IMPROVEMENT FOCUS
2018 PROVIDER ACTION PLANS

Due December 31st, 2017 to: *DCSDQA@MilwaukeeCountyWi.gov*

Identified Concern	Plan to Address Concern/ Agency Response	Responsible Party	Time Line
ID Project: *Project must have a Youth Engagement and/or Goal Setting Focus.* *Identify Agency Goals Below (only 1 goal is required):* **Goal 1:** **Goal 2:** **Goal 3:**	**Summarize Project:** *Enter brief synopsis of the anticipated change project that will address the goal(s) identified…*	**Responsible Party:** *Enter Staff Name(s) (Title) that will be responsible for the project oversight…*	**Project Implementation Date:** (Enter Project Start Date). **Anticipated Completion Date of Project Implementation:** (Enter Expected Date that Project Implementation will have occurred). **Project Status:** **Completed or Ongoing** (Circle the appropriate option). **Date Status Assessed:** (Enter Date Project Status Assessed).

CQI TRAINING

Engaging Youth and Preparing them for Success Beyond Your Program

- ❖ **Date:** Monday, November 13, 2017

- ❖ **Time:** Training 2-3:30pm (*Immediately following the Forum Meeting with our Wrap Partners*)

- ❖ **Location:** SaintA Franciscan Center, 3939 N. 88th Street, Milwaukee

- ❖ **Topic:** Youth Engagement and Goal Setting

- ❖ **Who Should Attend?:**

  - ❑ Any staff working directly with youth/families that can benefit from engagement skill-building

  - ❑ Any staff supervising those in direct contact with youth/families

  - ❑ Any staff responsible for setting program goals goals

- ❖ **Objectives:**

  - ❑ Aligning agency/program goals with the goals and needs of their clients

  - ❑ Establishing formal and informal relationships across programs and providers to increase and extend the success of your clients

  - ❑ Identifying and incorporating effective measures of client success without sacrificing purchaser driven outcomes while streamlining data collection

  - ❑ Effective collaboration between providers and the client identified support network

POLICIES & THE PROVIDER AMBASSADOR PROGRAM (PAP)

❖ **Provider Ambassador (PA) Program Expansion**

- o If YOU are interested…
  - ✓ Seek out and make contact with existing PAs for support
  - ✓ Review the Website (*http://county.milwaukee.gov/DelinquencyampCourtS7764/Continuous-Quality-Improvement-CQI/Provider-Ambassador-Program-Overview.htm*)
  - ✓ Increase understanding of SPEP and CQI process at DCSD
- o Let Us Know – So you can demonstrate your enhanced knowledge!!
  - ✓ Conduct a Site Visit with DCSD QA
  - ✓ At the site visit, demonstrate how your agency is implementing quality improvements & how you want to help

❖ **Policy Revisions and Expectations**

- o All DCSD Policies will be updated for 2018.
- o New Acknowledgement Form will be required.
- o One Form per Agency – *except in circumstances of distinctly governed/different programs.*

RECAP OF NEXT STEPS…

❖ **Youth Engagement and Goal Setting Training November 13th**

❖ **Provider Action Plans Due December 31st, 2017**

❖ **2018 Bi-monthly Forum Meeting Dates**

  ❏ Plan to Continue with 3rd Monday of Every Other Month (*except November*) – Starting March 2018

  ❏ January - Cancelled (MLK Day); March 19th; May 21st; July 16th; Sept 17th & November 12th 2018

❖ **2018 DCSD Winter CQI Site Visits**

  ❏ Dates TBA (Approximately February – April 2018)

  ❏ Provider Site Visit Goals:

    1. Review YOUR Agency's SPEP Report (i.e. Program Descriptions, Quality Measures, Services Offered, Program Improvement Projects (*2017 Action Plan Progress and 2018 Action Plan Project*)

    2. Data Review (e.g. *Discharge, YASI Averages, Referral Numbers, Provider Notes, Placement Services, etc.*)

    3. Share Provider Investment Measurement (PIMT) Scores *(2016-17 Cycle)*

QUESTIONS AND ANSWERS

ADJOURN